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UNDESIRABLE HABITS IN CHILDREN

Diagnostic Elements and Interpretation; Management

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To discuss *the child* is an endless task. Its characteristics, tendencies, emotional life, development, finally its behavior and conduct are all such vast chapters of study and observation that each of these elements will require a separate volume in order to present them in a more or less complete form. The child's age is the period of life when foundations must be laid for the building up of a physical, mental, and emotional structure which will direct in one way or in another the individual's relation to other members of the community in which he lives and which will contribute to the happiness and progress or else to the misery and failure of his surroundings. It is at that age that initial direction is acquired for those forces which will guide the future man or woman in their adaptations in the struggle for existence. Adaptation implies the cooperation of a great many units of the individual's mental and emotional characteristics. There must be a constant conflict among the latter with the end-result either of victory or of collapse. This will be manifested in the individual's "behavior." Behavior therefore is the resultant of the individual's life adaptations. To cover all important forces which influence behavior will necessitate considerable space. Among the large number I have selected only a few because they present a special practical interest and a serious problem for the parents.

In the life history of a child there are a few special features which frequently give the parents considerable concern. I have reference to special habits which the child acquires before the school age and during the latter. I shall not dwell upon a few habits observed in early infancy, such as thumb-sucking or tongue-sucking, which parents frequently encourage to prevent the child from crying, thus obtaining rest. I shall not speak on teeth-grinding or nail-biting which, although they have their special meaning, nevertheless are not of sufficient practical importance to elaborate upon. I will call attention to more serious manifestations which occur in childhood beyond infancy and which may have a direct and grave influence upon the formation of the child's character and future behavior.

When a child develops a desire for telling *lies,* which desire becomes eventually a strong habit, the situation is serious. This phenomenon is the result of several causative factors, chiefly of inheritance, but, let us remember, also of environmental circumstances. Parents and teachers should not ignore the fact that it is important and it is possible to prevent the full development of the tendency for lying the moment it is first noticed, because it is susceptible to treatment. The common belief that lying in a child is a necessary evil is a grave error. The lie may be at first only an occasional occurrence, but when it is permitted to repeat itself, it may gain such a strong foothold and become such a deep-seated habit that it might become difficult to be eradicated and this pernicious habit is carried to adolescence and manhood or womanhood, affecting daily life in all its phases and leading to very serious consequences, with criminality as a result. I shall present a few hints which may be helpful in the management of this abnormality.

First of all, it is necessary under all circumstances and conditions and as early as possible to be frank and truthful with children. Should the child commit his first or a repeated offense in telling a deliberate untruth, no undue punishment should be administered. In fact, punishment in all such

cases does no good, because it creates and developes fear, which by itself is the cause of lying. Thus the child will be obsessed on one hand by fear of being punished for telling lies and on the other hand he will tell lies to avoid punishment. He will live in a vicious circle. There is another important warning to the parents and teachers when they are confronted with evident children's lies. It would be very wise and prudent not to question such children too closely on the subject of their lies. Unless the questioning is done skillfully and intelligently, such a procedure may lead to forced misstatements on the part of the child which eventually may develop into deliberate and conscious deception and fraud and thus prepare the individual for a life of delinquency and all kinds of criminality.

Proceeding further, I may also caution against an unnecessary and perhaps harmful method in dealing with lies in an immature child. That is, preaching and pointing out to this undeveloped bit of humanity the evils of lying is not only useless but it may become harmful for the following reasons: First, in so doing we may suggest to the child undesirable thoughts which otherwise would have never perhaps entered the child's mind, and, a child is extremely suggestible. When parents and teachers keep on admonishing the children with: "You must not do this or that, you must not speak so and so," such a procedure is by itself a suggestion to the child for violating prohibited acts. On the other hand, when the child is taught and shown how to control himself on every occasion, and how to own up to a mistake or to a wrong act committed by him, when all that is done in a kindly and intelligent manner, the child's confidence will be gained and the results will be most gratifying in the struggle against repetition of falsehoods. In our attempts to correct the habit of lying in children, we must invariably hold their attention close to reality and not to fantastic and abstract ideas on truth and untruth, because overstimulation of their imagination may prevent them from discriminating the real and the unreal.

The second abnormal habit in children which may lead to grave consequences is *stealing*. We all know that a child has no sense of personal property. Not infrequently we observe children wanting to go through the pockets of others. Some of them, when they are sent on errands, do not spend as much as they are told to do and keep the balance for themselves. Some bring home things, which, they say, were found by them on the street. These are all examples of various forms of theft. They are all serious and even dangerous habits, as they mean encroachment upon another's private property or an aggression by himself toward another person. They mean the existence in the child of a strong pernicious desire to deprive another person of things to which he is not entitled or to attack the rights of other people. They mean that if this habit is maintained during childhood, grosser delinquent acts of a more serious nature will be committed later in youth and adult age, such as pocket-picking, purse-snatching, stealing unlocked property, burglaries, highway robbery, larceny of all degrees, forgery, passing worthless checks, etc. Not infrequently we see children supplied by their overindulgent parents with ample pocket-money. If this habit is established and for one reason or another the child should be deprived of further supply, he may resort to stealing in order to satisfy his taste or greed for luxuries developed by unreasonable parents.

The third form of habits in children which may lead to grave consequences is *truancy or vagrancy*. It usually happens that during the day, when the child cannot find desirable companions for play or other purposes, he runs away either from school or from work. A poverty-stricken or an unhappy home with bad surroundings may lead the boy to abandon it temporarily and repeat the act so frequently that a habit becomes established. When the school teacher is unable to understand her pupils, especially the neurotic children, and handles them unreasonably either by exacting mental work for which they are not prepared, or threatening or punishing them severely, such children will look for and find opportunities to run away from school. In some instances I observed children leave

their homes in the morning for school but never reach it and go off with undesirable gangs in a different direction. Restlessness, irritability, nervousness and especially discontent either with their home or school made those children find a way whereby they could obtain satisfaction or at least relief and an outlet for their pent-up emotional forces. As a rule these truant children spend their time in company of other young or older delinquents, and they fall into further delinquency in either case. Statistics show that truancy or vagrancy is a factor in over half of the cases of various delinquent offenses against society. Much can be done for these truant youngsters if parents would be sufficiently interested to make sacrifices of their time or to try to surround the children with desirable companions for whom they crave. Since truancy represents an effort to escape from an undesirable environment, it should be looked upon with grave concern. Punishing a truant child will accomplish nothing and does not solve the problem.

These few examples are chosen to show how vast and complex is the problem of dealing with children. Habits, and especially bad habits, are very difficult propositions for parents. They are the most potent factors in delinquency. A wrong act once committed may be repeated more or less automatically by force of habit and especially when it may bring pleasure or satisfaction. The more often the delinquent behavior is repeated and the more it is attended with pleasant circumstances, the more established becomes the habit. Moreover, a delinquent habit may persist long after the original cause of its existence has disappeared. We may even remove the cause which leads a boy to steal, pick pockets, lie, run away from home or school, but still the delinquent acts may remain because of habit.

I shall point out with some emphasis some of the conditions which may contribute to the formation of undesirable habits and to delinquency. I will not dwell on bad inheritance. That instinctive and hereditary tendencies are the roots from which the physical, mental, and moral life develops is a well-established fact. Not much can be accomplished in cases of children with inherent mental limitations, but personality and its component parts are also to a considerable degree molded by environmental conditions. It is on the latter that our efforts must be concentrated, as they are amenable to improvement. Among the environmental elements *home* is the most potent. In considering home conditions the following may contribute to delinquency:

1. Unsanitary features: They undermine the child's physical health and indirectly his mental health and consequently reduce his vitality and his power to control his behavior.

2. Crowded homes: There children frequently witness scenes between the elders which gives their immature minds suggestions for delinquency.

3. Material poverty, which may lead to lying and stealing. With poverty are closely associated: ill health, overcrowding, neglect, ill-tempered parents, and so forth. Thefts of all kinds and hold-ups result from longing for food, clothing, shelter. Fifty-five per cent of young delinquents in London come from homes that are below the poverty line.

4. In some cases excess in material things permitted by over-indulgent parents leads to a lack of appreciation of values and poor self-discipline, with the result that the child may become incorrigible and commit offenses ranging from petty larceny, setting fires, burglary, and even murder.

5. Disrupted homes, either through death of parents or divorce. In both cases the child loses necessary examples, guidance, discipline or affection, which are all so essential in his development. It was observed that 79 per cent of delinquencies occur where the home was disrupted during the childhood of the individual.

6. Mental abnormalities and bad habits of parents, such as drunkenness, immorality, or criminal tendencies, are bound to have a pernicious effect on the children through the innate tendency for imitation, misguided teaching, disgust, antipathy against the home, shame, a feeling of degradation, and loss of respect for parents. Lying, stealing, running away are common occurrences, all resulting in gross delinquencies.

7. Ill treatment by guardians, foster-parents, or step-parents leads the child grad-

ually to truancy or vagrancy; he then gets in with gangs and thus drifts into delinquency. In all such cases a feeling of resentment develops in children against those people. Because of this feeling their influence by work or example becomes insignificant. The child may become stubborn and this state will keep him from being benefited by the small amount of parental discipline. He will then remain a slave to his instincts and emotions.

8. Unhappy relationship between father and mother is a frequent cause of the child's unhappiness, which, if continued, will develop undesirable tendencies in him.

9. Finally, misdirected discipline is a frequent cause for delinquency. Over-indulgence or over-restriction on the part of the parents makes the child react in an abnormal way. Desire for forbidden things becomes great and the child will seek satisfaction outside of home in a delinquent manner. Forbidding things in an unreasonable and inconsistent manner will react on the child so that he will oppose his parents in everything and it will make more intense his desire to do forbidden things until it gets the best of him. If severity and punishment are practiced, the child will seek satisfaction outside, with a bad effect on his behavior. Favoritism and injustice are promptly felt and resented by children. They lose respect for parents and seek compensation in abnormal ways. Nagging and creating fear in a child is dangerous for its physical and mental development. The fear fixes the undesirable tendency in its mind and it attempts to escape from it through some abnormal act.

All these factors must be borne in mind when we are confronted with cases of bad habits leading to delinquencies. No individual case can be treated in a satisfactory manner without adequate knowledge of all causes of the trouble. Facts must be obtained from many sources.

In concluding the few thoughts presented here, I wish to emphasize the fact that all I said is only a small part of all the causes of delinquency. I have selected but a few to indicate how serious the problem of the child is. Among all the factors that enter into consideration when the personality and behavior of the child are observed and studied, *parents and home* are the most potent elements which have an influence on and shape the destiny of the future man and woman. The home must be considered the workshop in which the personality of the child is being developed. The character, attitude, and mutual relationship of parents and child lay the foundation of the mental atmosphere in which the child lives, grows, and imitates, undergoes suggestions, forms habits, and prepares himself for future activities to become a member of the community, and in his turn to become a parent when he will play his part in developing the personalities of the next generation. The child who is deprived of sympathy and affectionate attention at home misses the most important elements in his preparation for mental and emotional growth. Encouragement to effort and confidence in himself, relief from emotional strain, sympathy that helps a child bear bravely gross and small disappointments, development of affectionate response in cases of unhappy incidents in the life of father and mother, and of the outside world—all these elements are highly essential in the development of a normal child. Should they be lacking in the home, the child's behavior will suffer irreparably. The lack of joy in home or the want of emotional comfort will lead the child to abnormal tendencies and undesirable habits, such as were mentioned above, and turn the child towards delinquency, with all its unhappy consequences to himself and to the community in which he lives. Statistics show that home is overwhelmingly more influential than the street in producing delinquency. Home environment in all its details presents the best field for preventive work.

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CONTACT DERMATITIS*

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The dermatologist must be an excellent detective to solve the many mysteries that the non-specific eczema group presents.

Generally speaking, the term eczema is an ambiguous one, and is employed rather loose-

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ly. Indeed, it is the veritable scrap heap of dermatology.

It is my impression that the etiologic agents of the idiopathic eczema group can be elicited by certain clues which would enable the physician to place it in the contact dermatitis group, thereby narrowing this broad field and facilitating the diagnosis.

The following criteria are of prime importance in searching for the noxious agents:

1. Sudden onset of the eruption following exposure to the offending agent.
2. Marked improvement of the dermatitis when the offending agent is removed.
3. Recurrence or exacerbation of the eruption when exposed to the offending agent again.
4. Positive patch tests.

Of the four aforementioned criteria the last is the least important.

A positive patch test is significant (except when a primary irritant has been employed), however, a negative patch test does not necessarily rule out the role that the offending agent played in the production of the dermatitis.

In order to interpret the criteria properly, a sound significant history should be recorded and the powers of observation should be enhanced.

Contact dermatitis does not necessarily have to be an acute affair. In many instances it is a low grade or subacute eruption.

Generally speaking, if an eruption does not lend itself readily to well known dermatologic entities, such as seborrheic dermatitis, pityriasis rosea, psoriasis etc., it would be well for the physician to rule out the possibility of a contact dermatitis.

To properly treat the patient it is best to evaluate the findings as presented before treatment is instituted. Unfortunately, many dermatologic patients are treated empirically with pet prescriptions and the latest proprietaries, resulting in a super-imposed contact dermatitis which not only masks the original condition, but usually produces widespread "id" eruptions.

It is wiser and easier to recognize the offending agent, avoiding its contact, and employ soothing, bland local applications, rather than subjecting the patient, eventually, to extensive costly treatments.

The following brief case histories will serve to illustrate the few pitfalls that may be encountered.

J. H., aged 39, consulted me with an acute vesicular dermatitis of the interdigital webs of both hands, stating he had a similar attack the preceding Christmas.

He informed me that he was pulling weeds in his victory garden, which undoubtedly was the clue to his present attack. After some questioning he informed me that he trimmed the Christmas tree last December which immediately accounted for his eruption at that time.

A. L., female, aged 49, was convalescing on a farm. She was wheeled out on porch daily. When I saw her she had a widespread dermatitis venenata which began on the hands and involved the face and trunk. When I told her it was "poison ivy" she stated that it was impossible, since she hadn't been off the porch. On further questioning she informed me that she patted and fondled the dogs daily. This was an immediate clue since the dogs were permitted to run the countryside, undoubtedly carrying the offending agent on their hair.

B. J., female, aged 62, had a subacute dermatitis both axillae, 1 year's duration, remissions and exacerbation, overtreated. Patch tests with suspected agents including nail polish negative. Elimination nail polish, cure effected.

E. B., aged 44—berlocque dermatitis neck —sprayed perfume on neck but not exposed to sun. Further questioning used ultra-violet lamp at home—patient did not associate sun with ultra-violet lamp.

To enable the physician to search for and elicit clues as to contact origin of dermatitis, I have listed the following tables comprising the likely irritants and areas of their involvement:

Contact Dermatitis
Irritants and Areas of Involvement

TABLE I

Man

Scalp and Forehead
Phylacteries

Eyebrows and Eyelids
Hair tonics
Substances used by wife

Ears
Shaving creams and lotions

Circumoral Region
Pipes — chewing tobacco
Cigars

Neck and Face
Shaving preparations
Starch in collar
Collar button
Hair preparations

Breasts
Suspenders

Axillae
Shaving lotions

Trunk
Matches — Match box
Lighter fluid and lighters

Arms and Forearms
Shaving lotions

Hands
Overcoat

Groin and Genitals
Shorts — truss
Bathing trunks — articles in pocket — contraceptives
Suspensory

Legs
Dry cleaning fluids
Trousers
Garter
Garter clasp
Sulfur (match box dermatitis)
Articles in pockets
Oil trousers of workers

Feet
Dye in socks

TABLE II

Woman

Scalp and Forehead
Hair dyes — wave sets — perfumes — hair pins — hair net — combs — head dress

Eyebrows and Eyelids
Eyebrow pencils — mascara — lash lure — nail polish
Substances used by husband

Ears
Earrings

Circumoral Region
Lipstick

Neck and Face
Nail polish, jewelry, hair preparations, perfumes, wave sets, facial cosmetics, furs.

Breast
Straps, zippers, brassiere, rubber, perfume

Axillae
Shields

Trunk
Zipper, girdle and panties

Arms and Forearms
Jewelry — cosmetics — perfumes — depilatory

Hands
Jewelry — fur coats — nail polish — nail polish remover

Groin and Genitals
Contraceptives, sanitary napkins, sanitary belt, medication (douche)

Legs
Garters, garter clasp, depilatory, hose, theatre seat, galoshes fur lining

Feet
Nylon — dyed shoes

TABLE III

Both Sexes

Scalp and Forehead
Cosmetics — hair tonics, hair dyes, wave sets, shampoos, perfumes
Medication — ointments and lotions
Head wear — hats, cleaning fluids, dyes, hat bands

Eyebrows and Eyelids

Cosmetics — hair tonics — creams used on face

Medication — nasal sprays and secondary to scalp applications

Ears

Earphones, spectacles, earpieces, scalp and hair preparation

Circumoral Region

Cosmetics

Toilet Articles — tooth paste, tooth powder, mouthwash, tooth brush

Foods — fruits, raw vegetables and chewing gum

Metals — wind instruments, dentures, cigarettes

Neck and Face

Cosmetics

Wearing Apparel — dyes in cloth, scarfs, wood neck pieces, cleaning fluids, sprays (moth-fly)

Miscellaneous — blankets, plants, dust, fumes

Breast

Rubber — cosmetics, rayon, dyes in pajamas and articles of clothing

Axillae

Deodorants, dyes in clothing, cleaning fluids depilatory

Trunk

Soap — articles of clothing — local medication

Arms and Forearms

Clothing — rayon, wool

Metals — bracelets, wrist watches

Miscellaneous — leather, lacquer in jewelry, table wood varnish, oil cloth

Hands

Chemicals — alkalies, solvents, all chemicals used in professions, trades and avocations, soap, soap powders

Cosmetics and wearing apparel — gloves, jewelry

Oils and Waxes — vegetable oils (plants & fruits), polishing wax

Miscellaneous — newspaper, cigarettes, paints, dyes, lacquer, antiseptics, soaps, local medications, anything may become an irritant

Groin and Genitals

Dyes in clothing, medication, toilet seat rubberpads

Legs

Clothing, carpet, house dust

Feet

Dyes in socks, leather, shoes, rayon, nylon, medication

SEVERE CONTACT DERMATITIS OF THE FACE DUE TO NASAL INHALATION OF PENICILLIN POWDER

Report of Case

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J. P., a 44-year-old white male, complained of chronic recurrent sinusitis of two years' duration. On November 26, 1948, he started the instillation of "prothricin" (tyrothricin and 'propadrine' phenylpropanolamine hydrochloride) solution in his nose, followed by the nasal inhalation of penicillin powder with the use of Abbott's Sifter Cartridges, Aerohalor, and nose piece. This was done twice daily until November 30, when the sinusitis improved and all treatment was stopped. On December 3 the nasal mucosa became engorged, and there was an itching eruption below the eyes and nose, and on the cheeks. During the next five days, while no therapy was used, the eruption became more severe. On December 9 antihistamine therapy was started orally and locally but without effect.

When first seen by me on December 10, the patient showed a severe contact dermatitis of the face. There was marked edema with erythema, vesicular patches with crusting, and a few scattered bullae. The nasal mucosa was slightly congested, but the conjunctivae and buccal mucous membrane were normal. There was no fever and no complaint other than the itching and discomfort of the skin eruption. The patient stated that before the present illness he had never been treated with penicillin or tyrothricin in any form. Treatment of the dermatitis was started with continuous boric acid solution compresses during the day and a bland cream at night. By December 17 the contact dermatitis was much improved, but there appeared on the face scattered folliculo-papular and pustular lesions. This

folliculitis involuted in several days with the use of bacitracin ointment, to which there was no reaction.

On December 20 a patch test was performed on the volar surface of the forearm with "prothricin" solution, and another with penicillin powder from a Sifter Cartridge. The dust in the cartridge consists of penicillin alone.[1] After 48 hours the test with "prothricin" was negative. The penicillin patch showed erythema with pin-point vesiculation. After removal of the patch, the reaction became more marked and was still present after two weeks of observation.

Comment

Careful questioning of the patient revealed no possible cause of the contact dermatitis other than penicillin or "prothricin". Though the penicillin treatment was of four days' duration, the eruption did not appear until seven days after treatment was started. This latent period is expected when there has been no previous contact with the allergen. Nasal inhalation of the penicillin powder was not reinstituted because of the danger of even a more severe reaction than the initial one. The history, type of eruption, and positive patch test seem sufficient to establish the diagnosis.

Krasno, Karp, and Rhoads[2] noted allergic reactions in 6 per cent of a series of 160 patients when penicillin dust was inhaled through a mask with an oronasal face piece. All except one of the reactions were manifested as contact dermatitis of the face, stomatitis, and pharyngeal irritation. However, in a later series of patients who used the mouth inhaler alone, only 3 per cent showed reactions, and they were only oral lesions.

No instance of contact dermatitis of the face was reported by Taplin, Cohen, and Mahoney[3], who treated 320 patients with inhalation of micro-pulverized penicillin-dextrose-1 per cent diphenhydramine hydrochloride mixture. It is not specifically stated whether the inhalation was nasal or oral. However, the technique was described in a previous article by Taplin and Bryan,[4] in which inhalation by mouth was advised for application of therapeutic agents to the broncho-pulmonary tree.

Summary

1. A case of severe contact dermatitis of the face due to nasal inhalation of penicillin powder is described.

2. Two recent reports suggest that this reaction occurs only with the nasal inhalation of penicillin dust and not with inhalation by mouth.

1. Personal Communication from the Abbott Research Laboratories.
2. Krasno, L.; Karp, M.; and Rhoads, P. J.: Inhalation of Penicillin Dust, J.A.M.A. 138: 344 (Oct. 2) 1948.
3. Taplin, G. V.; Cohen, S. H.; and Mahoney, E. B.: Prevention of Post-Operative Pulmonary Infections. Inhalation of Micropowdered penicillin and streptomycin, J.A.M.A. 138: 4 (Sept. 4) 1948.
4. Taplin, G. V., and Bryan, F A.: Administration of Micronized Therapeutic Agents by Inhalation of Topical Application, Science 105:502 (May 9) 1947.

AIDING TB RESEARCH

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Research and education have gone hand in hand in the fight to conquer tuberculosis. Both have been essential to the progress so far made and both will play important roles in whatever progress is made in the future.

Through the one, our scientific knowledge about the disease, its cause, treatment, and prevention, has been increased. Through the other, vast numbers of people have been reached with the fruits of research — with practical information on the treatment and prevention of tuberculosis.

We are aware of how education has helped people understand that tuberculosis is not inherited but is a contagious disease; that tuberculosis is not necessarily fatal but that it can be cured; that tuberculosis is easiest to cure in an early stage.

Less familiar to many people, perhaps, is the story of scientific study which preceded our education on these points. For example, the heredity theory of tuberculosis could not be exploded until the real cause of tuberculosis was determined — until the tubercle bacillus was discovered in 1882 and was proved to be the cause of tuberculosis.

A great deal of important scientific information about tuberculosis has been accumulated since 1882, but there is still much to be learned about this disease before we can expect to conquer it completely.

For example, we do not know how to attack the tuberculosis germ directly in the human body. We do not fully understand the process which leads to the formation of cavities in the lungs of tuberculous patients. We do not know how to prevent germs from becoming resistant to drugs sometimes used in tuberculosis treatment.

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The answers to these and many other puzzling questions are being sought by scientific investigators who are among 22 currently being aided by grants from the National Tuberculosis Association and its 3,000 affiliates, including the Delaware Anti-Tuberculosis Society.

Funds for the research grants are derived from proceeds from the sale of Christmas Seals. Thus, all of us who purchase Christmas Seals are actually sponsoring research which may prove of inestimable value in the conquest of a deadly disease.

And at the same time our Christmas Seal dollars are aiding scientific study, they are also supporting the well planned, year-round program of the Delaware Anti-Tuberculosis Society. These services include: nursing service for indigent patients in the Wilmington area in cooperation with the Wilmington Visiting Nurse Association; rehabilitation for patients at the Sanatoria, and discharged patients; the maintenance of three fluoroscopes in county health centers; maintenance of Sunnybrook Cottage; assistance to hospitals in establishing a program of routine chest x-raying; operation of the chest diagnostic clinic in the Society building, where x-ray retakes are made of suspicious cases found during the surveys of the mobile unit of the State Board of Health. Pre-employment food handlers are also x-rayed in this clinic. The City Board of Health now has a health rule requiring foodhandlers to have a chest x-ray and blood test annually. Regular employees of food establishments are x-rayed by the mobile unit. The pre-employments are x-rayed at the Society's Diagnostic Clinic. The Society, at this clinic, also x-rays patients referred by their family physician as unable to pay for an x-ray. These indigent patients are required to bring a prescription blank from their physician indicating their inability to pay for this service. The Society also conducts a year round health education program in the schools and for adult groups, providing tuberculosis literature, posters, sound motion pictures, and other informative material. Tuberculosis abstracts for physicians of Delaware are sent out monthly by the Society. All of these services depend upon the annual sale of Christmas Seals. The forty-third annual Christmas Seal sale will open on Monday, November 21st.

AMA TRUSTEES' STATEMENT

The Board of Trustees of the American Medical Association on October 6th issued a public statement "protesting the use of a police arm of the Government—namely, the Anti-Trust Division of the Department of Justice—in a campaign to discredit American medicine and terrorize physicians into abandoning their opposition to Compulsory Health Insurance."

The statement revealed that 16 State and County Medical Societies, and other medical organizations, including the A.M.A. itself, have been made the targets for investigations by the Anti-Trust Division of the Justice Department during the past 30 days.

The medical groups suddenly brought under investigation, it was announced, include the following:

American Medical Association, New York State Medical Society, Utah State Medical Association, Washington State Medical Society, Arkansas Medical Society and the Oklahoma State Medical Association.

Michigan Medical Service, a Blue Shield prepaid medical care plan, and the Arkansas Blue Cross-Blue Shield Plan.

Los Angeles County Medical Society, California; Beckham County Medical Society, Oklahoma; Wayne County Medical Society, Michigan; Harris County Medical Society,

Texas; King County Medical Society, Washington, and the New York County, Nassau County and Queens County Medical Societies in New York State.

The A.M.A. statement follows:

"This is an official statement of the Board of Trustees of the American Medical Association, protesting the use of a police arm of the Government—namely, the Anti-Trust Division of the Department of Justice—in a campaign to discredit American medicine and terrorize physicians into abandoning their opposition to Compulsory Health Insurance.

"The A.M.A. has opened its records to the Justice Department, without reservation, and medical societies throughout the country undoubtedly will do likewise, but we intend to keep the public informed of developments, as we are convinced that these are not bona fide anti-trust investigations, and that the American people will not tolerate Police State methods in this country.

"We would be naive, indeed, if we ignored the political implications of this sudden rash of investigations, attacking medical societies, at a time when the Administration is doing its utmost to stifle opposition to its proposed system of Government-controlled medical care.

"This scheme, it is specifically provided, would be a Government-monopoly, to which every citizen would be compelled to contribute, and which would destroy all the hundreds of Voluntary Health Insurance systems which now provide prepaid health care for more than 61,000,000 of the American people.

"Certainly it will be a travesty on justice if the Anti-Trust Division of the Justice Department can be used to silence opposition to the creation of a Government-trust in medicine.

"The American people, we believe, will hardly think it a coincidence that these anti-trust investigations should be ordered at this time—after there have been repeated threats that medical groups would be 'investigated' because of their opposition to socialized medicine.

"The chronology of events, since the American Medical Association decided to make a Nation-wide campaign against Compulsory Health Insurance, and in behalf of Voluntary Health Insurance, is, we believe, of real significance.

"In November, 1948, the A.M.A., at its mid-winter meeting, voted to collect funds from its members to finance a campaign of public education on this issue. A public announcement was made to that effect.

"Only a month later, in December, agents of the Department of Justice called on the Chicago Medical Society, seeking to check the Society's records in connection with an alleged anti-trust investigation.

"During the February session of the Board of Trustees of A.M.A. in the early hours of February 10, the Board Room was broken into and records of the Board were thoroughly searched by persons unknown. Brief cases of the Trustees, left in the room, also were searched. Entrance was gained through a window. The facts indicate this was a search for information, rather than an ordinary burglary. Certainly no friends of medicine would take this means of obtaining medical data.

"A few weeks later, toward the end of February, Administration leaders began threatening medical societies and medical men with 'investigation' as part of their campaign to discredit and intimidate the medical profession. Since then, there hasn't even been much attempt to disclaim the political nature of these investigations.

"On February 28, 1949, for example, one of the National press associations carried a dispatch from Washington quoting Government officials as stating that anti-trust actions would be started against 'several' medical societies soon after the Compulsory Health Insurance drive was started in Congress.

"The implication was plain that the 'investigation' would be part of the Administration's campaign for its socialized medicine scheme.

"The threats made then are now realities. An epidemic of 'investigations', aimed at medical societies and Voluntary medical care plans, has broken out in widely separated States and cities all over the country.

"We want it clearly understood that we believe this attack on the medical profession stems from the Anti-Trust Division of the

Justice Department and political string-pullers who have exerted influence on that agency. We believe it to be an outrageous abuse of public power which far transcends in gravity the issue of Compulsory Health Insurance, vital as that issue is.

"We recognize that politically-motivated attacks have been made on many other groups by this division of the Government — and we invite their cooperation with American medicine in an effort to alert the American people to the seriousness of this trend toward Police State methods. If the police arm of the Government is used to intimidate doctors and others, and this abuse of power goes unchallenged, it may next be used to terrorize publishers or grocers, farmers or lawyers, Catholics or Jews, or any other minority in the Nation."

Compulsory Health Insurance Meets With An Unexpected Setback

The most telling blow to early action on President Truman's compulsory health insurance program is the statement of Senator Hubert H. Humphrey, of Minnesota, that the proposal has not yet reached the legislation stage. Senator Humphrey is one of the sponsors of the Administration bill.

Senator Humphrey's statement bears out the report of Mr. Rodney Crowther, of the Washington Bureau of *The Sun,* that there is no likelihood of passage of this measure at the session of the Eighty-first Congress which opens in January. The year 1950 is a congressional election year and members are anxious to avoid highly controversial issues. Mr. Crowther also states that opposition to compulsory health insurance has turned out to be far greater than the Administration anticipated.

In withdrawing his support of immediate action Senator Humphrey points out that the program presents serious difficulties of administration which ought not to be invited until there have been much more extensive public hearings and studies. It will be noted, however, that he does not abandon his belief in the social security principle of the program. That principle, of course, involves a three per cent pay roll tax split between the employe and the employer.

The danger inherent in the present setback of the compulsory insurance program is that it will lull the doctors into a false sense of security and the assumption that the trend toward socialized medicine is at an end.

There are two factors which are largely responsible for the public interest in the so-called "free" medical care. One is the uneven distribution of medical care throughout the nation; the other is the high cost of illness to people of moderate means. Those two factors still operate and, so long as they do, the threat of socialized medicine will remain.

To combat the problem of the high cost of illness among people of moderate means the American Medical Association has indorsed prepaid hospital and medical care programs. Both have proved to be immensely popular with the public where they have been introduced. But while the hospital care insurance plan is in general operation, the plan to pay the bills of the surgeon and the general practitioner, which play so large a part in the cost of illness, has lagged behind. The doctors appear reluctant to enter into an agreement with reference to their fees.

If the present setback to President Truman's program encourages that reluctance the doctors may live to regret it.

—Editorial, *Balt. Sun, Oct. 31, 1949.*

Social Security Legislation

Congress is still considering the extension of social security. The original bills, H.R.2892 and H.R. 2893, contained a provision extending social security "benefits" to professional men—doctors, lawyers, and others—as well as many other groups. In hearings before the House Ways and Means Committee the doctors, dentists, and lawyers were eliminated from the group. A new bill has been introduced, H.R. 6000, consolidating the other two.

This entire legislation is an attempt to give old age and security benefits to persons who have been engaged in occupations covered by the bill when they have been incapacitated or have reached the age of sixty-five. The present law provides that if a person earns over $14.99 a month he forefeits his rights to ben-

efits for that month. Under the new bill, this would be raised to $50.00 a month and after age seventy-five, no limit. Congress might change its mind and put farmers, physicians, dentists, lawyers, back into the bill as they now are including other professional men such as writers, editors, artists, architects, actuaries, and the owners of independent business, such as small stores. If the original group should be replaced, the medical profession will decidedly be interested again in this legislation.

We believe something very definite should be done to change the fundamental concept of this program. As it now stands, the social security bill is a hidden income tax on gross incomes. The money is placed in the general fund and is used to pay general expenses of government. Payments to beneficiaries out of this money come from taxes. It is said that there are credits of nine or ten billion dollars in this fund but that money is represented by I.O.U.'s from the Government. We would suggest a provision be added to this bill under which this fund be actually considered and used as insurance; that the money be used for certain approved loans as any great insurance company now invests its funds. This social security agency would then become a truly fiduciary organization.

We would further suggest that the limitations upon earning capacities of an individual who has paid into the fund in order to accumulate old age benefits be removed. Let him draw that benefit when he becomes of retirement age, that is sixty-five years. No independent insurance company would be allowed to write a retirement benefit policy accepting payments until the insured becomes sixty-five and then refuse payment just because he is earning $15.00 or $50.00 a month.

We propose two things for the social security O.A.S.I.:

1. Prohibit the government from spending this money which is fundamentally not a tax but an insurance investment.

2. Make it a real insurance investment by providing that the beneficiaries may receive the benefits.

—Editorial, *J. Mich. S.M.S., Oct., 1949.*

Office Nurses

The Delaware State Nurses' Association has some nurses on record that seek employment in doctor's offices. This is relatively new here, and the association would like to be of assistance to the doctors and also its members, in arranging interviews.

The doctor seeking an office nurse should contact Mrs. Eleanor P. Jester, R.N., Executive Secretary, who will send him three or more nurses to interview.

The Office of the Executive Secretary is located in the Red Cross Building, 911 Delaware Avenue, phone 5-9044.

Those Many "Isms"

The Colorado Department of Agriculture recently published the following definition of New Dealism, Socialism, Communism and other isms:

Idealism: If you have two cows you milk them both, use all the milk you need and have enough left for everyone else.

Socialism: If you have two cows, you keep one and give the other to your neighbor.

Communism: If you have two cows, you give both to the Government; then the Government gives you back some milk.

Soft-Pink Communism: If you have two cows, you're a capitalist.

Imperialism: If you have two cows, you steal somebody's bull.

Capitalism: If you have two cows, you sell one cow and buy a bull.

New Dealism: If you have two cows, the government shoots one cow, you milk the other cow, then throw part of the milk down the sink.

Anarchism: If you have two cows, your neighbor shoots one and takes the other.

Nazism: If you have two cows, the government shoots you and takes both cows.

Realism: If you have two cows, they're both dry.

Wilmington *Sunday Star*, Oct. 23, 1949.

+ Editorials +

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"IT COULDN'T HAPPEN HERE" —BUT IT DID

For too many years now the American public and the American profession have been sitting back smugly satisfied with the thought that the police state, welfare state, gestapo technique, intimidation, or thinly veiled terrorism couldn't happen in these United States of America in this enlightened year of Our Lord, 1949—but it did happen here as far back as February 10, 1949. On page 255 of this issue of THE JOURNAL there is a statement by the Board of Trustees of the American Medical Association which speaks for itself.

The immediate reaction of the American people and press was what might have been expected from a people not yet completely narcotized with socialistic blandishments and in whose midst there are still, thank heaven, far-seeing fearless souls who venture to speak up in public in defense of the old, legitimate brand of Americanism. Some of these editorial comments will be found in the Miscellaneous Section of this issue. Every doctor and every alert layman in Delaware should be thoroughly familiar with what has taken place and with the A. M. A. statement concerning it.

This question of irregular police methods, which could and in time would embrace and engulf every section of the American public that dares to oppose our present socialistically inclined government, far transcends in importance the mere question of the socialization of medicine, important as that is because, as Lenin said a generation ago: "medicine is the keystone of the socialistic state." The bigger, the fundamental objective now is to educate our people *away from any type* of socialism, whether it be labeled New Deal, Fair Deal, or whatnot, and have them demand and vote for a return to the good old-fashioned thinking of former and better days, meaning a return to sanity and solvency. The foundation of such a procedure is the stoppage of what is so glibly called "deficit spending," the spending of money we haven't got and which our unborn generations will have to raise. It is just as silly to claim you can spend yourself rich as it is to say that you can drink yourself sober—neither of these things is possible, and the whole world knows it.

The more the Federal government collects in taxes, no matter for what purpose, the more the people become dependent upon the Federal government. The history of every socialist state in the world proves that centralization of authority and central collection and disbursement of taxes leads ultimately to total dependence upon the centralized government for nearly every major necessity of life, especially in the field of public relief. Aside from the political and economic slavery thus engendered, the financial waste is stupendous. Thus, in one recent year the Federal government collected for various benefit purposes considerably over $500,000,000, and the amount returned to the states as grants in aid, etc., amounted to slightly over $300,000,000. So, the efficient (*sic!*) way to provide for

the needy is for the people in the states to send $500,000,000 to Washington, have the army of Washington bureaucrats gobble up 40% of it or $200,000,000 as "administrative costs," and then return $300,000,000 to the states! Merely to state the figures in such an instance is to condemn it in toto—the states could do a much more efficient job at the local level, at a cost in administration vastly less than 40%, and retain something of the dignity and independence that our forefathers envisioned when they wrote the American Constitution.

Yes, the time has come, in fact is long overdue, when the American people should sit down and do a little plain thinking and plainer acting for themselves. Thus and only thus can future American generations be saved from the abyss of socialism, which to our mind is merely the polite sixty-four dollar word for communism. It is later than you think — but not too late. *Verbum Sapientis sufficit.*

TWO CONFERENCES

The Conference of State Medical Association Secretaries and Editors was held in Chicago on November 3rd and 4th. The attendance was unusually large and the program exceedingly well balanced. A tremendous amount of ground was covered by this Conference, and your Delaware representatives learned much.

The second Conference was held on November 5th and 6th, the subject being Public Relations, with an outstanding program. The address by Mr. Leonard E. Reed, President of the Foundation for Economic Education, was one of the most inspiring that we have heard for a long time, and was received with general acclaim. This Conference closed with a unique session entitled "Get It Off Your Chest," the contents of which naturally were somewhat confidential, but out of which the three doctors present from Delaware gathered much valuable information.

A. M. A. DUES

Coming up again before the House of Delegates of the A. M. A. at the Interim Session in Washington on December 6th, will be the question of levying *membership* dues. Heretofore the A. M. A. has never had any such dues; the Fellowship dues have always been at the rate charged for the *Journal of the A. M. A.* and have included a subscription to that Journal. Last year when the House voted for the campaign *assessment* of $25 many delegates were in favor of making it *dues* of $25. Approximately 70% of A. M. A. members have paid the assessment: Delaware ranks second or third, with 86% paid.

If this $25 is to be made an annual thing it should include the Journal. The doctor who keeps in good standing in his state society but does not do so in the A. M. A. loses something valuable that he has always had before at no additional cost, and the A. M. A. loses its most valuable asset—man power. This $25 is larger than the State Society dues in many states. State and County Society dues are already uncomfortably large for many physicians. The A. M. A. dares not face the Congress in 1950 and 1951 with a 30% decrease in membership due to lapses in dues! Nothing would give the regimenters greater glee than to point to a divided and perhaps recalcitrant profession. Besides, raising prices in a generally falling market is bad business. So, we're agin it, and hope that this threatened *faux pas* does not materialize.

There will be a special meeting of the House of Delegates of the Medical Society of Delaware at Dover on December 5th to decide, among other things, what instructions, if any, to give to our delegate to the A. M. A. on this question of A. M. A. dues.

Why Don't the Doctors Just Get A Franchise From the CIO?

Those anti-trust men in the Department of Justice are certainly on their toes, these days. Attorney General McGrath's announcement that the American Medical Association is again under surveillance shows that. Certain persons told Mr. McGrath that the AMA may be conspiring to restrain and monopolize trade. Mr. McGrath sent the FBI right out to Chicago for a look at the AMA records.

A few months ago, as a matter of fact, some party or parties unknown broke into the AMA offices and went through various papers. The AMA makes it clear that it

isn't making any accusations against the Justice Department but suggests, and we agree, that the episode is interesting.

Of course the layman might wonder a little whether a physician or a group of physicians would rightly come under a law which was passed originally to regulate business and commerce between the states. But such a layman would be behind in his homework. For really informed people know that the AMA has already been convicted once of violating the anti-trust laws. Mr. Thurman Arnold was the head of the anti-trust division in that case and it was he who formulated the reasoning under which the case was prosecuted:

"When physicians descend into the marketplace in an attempt to bolster their income, they are participating in trade and cannot claim exemption from anti-trust prosecution."

But wait a minute. Doesn't any group which descends into the marketplace to bolster its income participate in trade? Doesn't it therefore come under the anti-trust laws? Unless the rule of equality before the law has been repealed, it seems to follow that Mr. Arnold's rule would have to be applied generally.

Well, we know it is impolite to point and apparently Mr. McGrath hasn't noticed something now going on in coal and steel. So we will just whisper to the Attorney General about the present situation in those basic lines. It seems that the trade unions controlling the entire body of workingmen in coal and steel have descended into the marketplace in an attempt to bolster their members' incomes present or future. It seems that in the pursuance of that entirely understandable purpose these unions have halted *all industrial coal production* totally and *all but a few driblets of steel production.*

But so far as we know no FBI people are looking into the matter. We are absolutely certain that the anti-trust folks haven't made any accusations about violation of the anti-trust laws.

Why not? Well, because the new Supreme Court (in an opinion written by one of its *conservative* members — Heaven save the mark!) paraphrased Mr. Arnold's statement about the physicians to read that "When *trade unions* descend into the marketplace in an attempt to bolster their members' income . . . they *can* claim exemption from anti-trust prosecution."

The court that issued that opinion was sitting in a white marble temple across the facade of which these words are graven: "Equal Justice Under Law." It is high time those words were written into the anti-trust law as applied by "liberal" Attorneys General and declared by new type Justices.

Editorial, *Balto. Sun,* Oct. 8, 1949.

In the Police State Manner

If the Department of Justice has raided the private files of the American Medical Association—as a statement by the association suggests—then we have indeed taken another step toward a police state. And the tragic irony of it is that this is the very practice for which we so constantly berate the Soviet Union. On the very same day, for instance, that the association voiced its suspicions, the Department of State was issuing a warning that it would not tolerate "oppressive police state" measures taken by the Russians in their German zone.

In initiating an anti-trust investigation of the American Medical Association and affiliated medical organizations the Department of Justice is within its authority, particularly if it is true that it has received complaints from doctors and the public that the association is guilty of monopolistic actions. Under no warrant of law or morality, however, does it have the right to break into private offices and rifle private papers. There are legal means for obtaining that kind of information and when they are bypassed we are merely adopting the methods of a Hitler, a Mussolini, or a Stalin.

It is significant, too, that this prospective or threatened prosecution of the AMA follows so closely the aggressive campaign made by the Association against compulsory health insurance and other Fair Deal pets. We cannot say for certain that the action of the Department of Justice is in the nature of a reprisal but, considering the record of the Truman administration and the fanatical missionary zeal of its leaders, the possibility is not lightly to be dismissed.

—Editorial, *Wilmington Journal-Every Evening Oct.* 7, 1949.

AMA SECRETARY LULL SAYS

Newspapers Resentful

Many of the country's leading newspapers have expressed candid resentment toward the U. S. Department of Justice for using Federal police powers to intimidate doctors in their fight against compulsory health insurance.

Whitaker & Baxter gave wide distribution last week to a large six-page folder containing reprints of newspaper editorials on the F. B. I. Anti-Trust probe of the A. M. A. and many of its component societies.

The front page of the folder carried a *Baltimore Sun* editorial entitled "Why Don't the Doctors Just Get a Franchise from the CIO?" Both *The Sun* and the *Chicago Tribune* held that if anyone ever created a monopoly it is the unions.

Here are some of the editorial headlines, indicating clearly that public sentiment, as expressed through the newspapers, is against the socialistic tendency in government: "Police State Review"; "Below the Belt"; "Dirty Pool"; "F. B. I. on Griddle for Probe Disclosure"; "The Police State"; "A Cheap Job to Dump on the F. B. I."; "Shocking Abuse"; and "Must We Share Britain's Ill Health?"

Meanwhile, J. Howard McGrath, the attorney general who initiated the A. M. A. probe, spoke before the National Press Club and lashed out at the 90-year-old A & P food concern, which is also under monopolistic investigation, for using full-page newspaper advertisements to tell its story to the people.

He asserted the ads are false "from beginning to end . . . they take sentences out of context" and that it became his duty to set the public straight.

Mr. McGrath said the newspaper advertisements have been successful to the extent that they have inspired "little people" to flood the department and their congressmen with mail protesting against the anti-trust suit.

Evidently the people, hearing both sides, are getting fed up with government interference and are speaking out in a flood of letters to Washington.

P.T.A. Group Opposes Socialized Medicine

The West Virginia Congress of Parents and Teachers, representing a membership of 85,000, is the first state PTA group in the nation to adopt a resolution opposing socialized medicine.

The resolution, adopted at the 27th annual convention in Huntington recently, read:

"Accepting the definition of health of the World Health Organization as being that complete state of physical, mental and social well-being and not merely the absence of disease or infirmity, and believing it is our duty and privilege as parents and teachers to accept our community responsibility to work toward achieving this for the people of West Virginia, and believing that the best interest of the public will be served by the people in the local communities working in cooperation with the medical profession to improve our present medical, hospital and nursing facilities;

"*Be It Resolved* that the West Virginia Congress of Parents and Teachers through its state, county and local organization cooperate with the State Health Department, the West Virginia State Medical Association and the West Virginia Rural Health Conference in their efforts to extend and improve health facilities and services in all the areas of the state and that this Congress go on record as opposed to any form of socialized medicine."

A. M. A. Never Opposed Voluntary Plans

In a bulletin just published by the A. M. A. Bureau of Medical Economic Research, Director Frank G. Dickinson says that "the A. M. A. has never opposed development of voluntary sickness insurance plans in this country as they exist today."

The bulletin, No. 70, is available from the Bureau.

The foreword says:

"The American Medical Association has never opposed the principle of voluntary sickness insurance, per se. It has never objected to the individual or family purchase of health insurance from the firmly established insurance companies, many of which had been writing this type of coverage long before the

development of what usually are called voluntary plans.

"It has continuously encouraged the development of the voluntary plans along a sound financial and medical care basis. As early as 1934 the Association drew up 10 principles to serve as a guide in development of these plans and to insure soundness in their execution.

"Through experience a new type of voluntary insurance developed in which the harmful features gradually were eliminated. With the establishment of this new type of insurance, the House of Delegates in 1938 gave its wholehearted approval to voluntary sickness insurance as a means of meeting the costs of medical and hospital care.

"Since that date, there has been no question as to the support of voluntary sickness insurance by the American Medical Association."

Delaware Graduate Honored

Lucile Petry, Assistant Surgeon General and Chief Nurse Officer of the Public Health Service, has been appointed to the Expert Committee on Nursing of the World Health Organization. The Committee will hold its first meeting in Geneva, Switzerland, February 20 to 26, 1950.

Miss Petry attended the First World Health Assembly in Geneva in June 1948, and was the only nurse among representatives of 52 participating nations. A resolution on nursing presented jointly by delegations from the United States and Ireland served as the point of departure for establishment of the present Committee.

Only one representative from a given nation serves on WHO's expert committees.

"This appointment is a tribute not only to Miss Petry as an individual, but to the accomplishments of the nursing profession in the United States," Surgeon General Leonard A. Scheele of the Public Health Service, stated. "There has been growing recognition everywhere of the fundamental importance of nursing in the improvement of health services and of the function of the nurse as an active partner in the health team. Without the nurse, medical and public health programs cannot be carried to completion. Therefore, the problems of recruitment and of training for complex nursing tasks are worthy of consideration by a special committee."

Miss Petry has held the rank of Assistant Surgeon General in the Public Health Service since June, 1949, and is the first woman to hold that post. During World War II, as Director of the U. S. Cadet Nurse Corps, she was responsible for recruitment and training of more than 180,000 nurses. Under the momentum of this program the number of students graduated from schools of nursing rose from 26,816 in 1943 to 47,744 in 1947.

Miss Petry has been awarded four honorary degrees—Doctor of Laws, Syracuse University; Doctor of Humane Letters, Adelphi College; Doctor of Letters, Wagner College; and Doctor of Sciences, University of Delaware. She received her Bachelor of Arts degree in 1924 from the University of Delaware, completed her professional training in Johns Hopkins Hospital School of Nursing, and received a Master's degree from Teachers' College, Columbia University.

Prior to 1941, at which time she entered the Public Health Service, she was Assistant Director of the School of Nursing at the University of Minnesota.

New Delaware F. A. C. S.'s

The following Wilmington physicians were made Fellows of the American College of Surgeons at its recent convocation in Chicago: Drs. John F. Hynes, Willard F. Preston, Sylvester W. Rennie, Theodore B. Strange.

This makes approximately thirty Fellows of The College in Delaware, the oldest, in date of Fellowship, being Drs. W. Edwin Bird, Carl H. Davis, and Harold L. Springer, who were made Fellows in 1920.

House to Consider Matter of Dues

When the A. M. A. House of Delegates convenes at the Clinical Session in Washington next month it is very likely that it will consider a resolution on assessment and dues.

For some time a Committee on Constitution and By-Laws has been studying the question of permanent membership dues payable to the A. M. A.

The final report of the committee will not be available until just prior to Clinical Session.

Pediatric Seminars

To the Editor:

The Trustees of the Delaware Hospital have been most generous in making possible a number of Seminars in Pediatrics. These Seminars are an integral part of the Interne, Resident and Post-Graduate Educational Program conducted by the Pediatric Staff of the Delaware Hospital in association with the Educational Program of the Improvement of Child Health Committee of the American Academy of Pediatrics. Each Seminar is divided into two parts, an afternoon clinical session with bedside discussion of patients, and an evening lecture session.

Our first speaker on October 20 was Dr. Waldo Nelson, Professor of Pediatrics at Temple University. His topic was "Respiratory Obstructions in Infancy and Childhood." Dr. Nelson's discourse was highly instructive, most interesting and illustrated by exceptional slides.

The next speaker will be Dr. C. Everett Koop, who will talk on "Some Aspects of Pediatric Surgery," in the Board Room of the Delaware Hospital on Thursday, December 8th, at 8:30 p. m. At 4:30 p. m. of the same day he will discuss surgical patients on the Children's Ward. Dr. Koop is Surgeon-in-Chief at the Children's Hospital in Philadelphia.

The Board of Trustees and Hospital cordially invites all those interested to attend these and future meetings.

It would be highly desirous to have this letter published in the Delaware State Medical Journal to help call to the attention of Delaware practitioners these interesting sessions. May we supply you with names and dates of future speakers? Would the Journal be interested in publishing stenographic reports of these meetings?

Very truly yours,
Robert O. Y. Warren, M. D.
For the Pediatric Staff of the
Delaware Hospital

BOOK REVIEWS

Clinical Auscultation Of The Heart. By Samuel A. Levine, M.D., Clinical Professor of Medicine, Harvard Medical School; and W. Proctor Harvey, M. D., Research Fellow in Medicine, Harvard Medical School. Pp. 327, with 286 figures. Price, $6.50. Cloth. Philadelphia: W. B. Saunders Company, 1949.

Believing that most physicians neither understand nor apply all the information that can be gained by simple auscultation of the heart, the authors present a clear, concise description of the heart sounds. Theoretical considerations are largely omitted. Normal heart sounds, the irregularities and murmurs are discussed first. For descriptive purposes, the text is supplemented with sound tracings and these are correlated with electrocardiograms. It is emphasized that these pictorial records are used to aid the physician in interpreting what is heard with the stethoscope. The work is recommended to all who practice auscultation of the heart.

Health Conditions In Israel. The appearance of Volume 1, 1949, of The Hebrew Medical Journal, initiates the 22nd year of publication of this bi-lingual, semi-annual Journal, edited by Moses Einhorn, M.D.

In this issue a symposium is presented on current health conditions in Israel, with the following subjects: "Errors and Faults in Diagnosis and Treatment of Infectious Diseases in Israel", by Moshe Fischel, M.D. In his article Dr. Fischel discusses the most prevalent diseases, such as malaria, typhus, and dysentery, and shows how they take a different course in Israel than in the Western Hemisphere.

On the "Clinical Forms of Tuberculosis Among the Jews in Israel," Dr. Rudolf Levy gives a summary on the prevalence of this disease among the Jews in Israel, as compared with other peoples. "Public Dental Health in Israel," by Max Laufer, D.D.S., is a description of the remarkable progress made in that country in just a few years in the dental health of the population.

Under the heading of "Old Hebrew Medical Manuscripts," Dr. Z. Munntner presents an interesting paper on "Poison, Charm and Love Potions Among Jews and Other Peoples." In the section devoted to Personalia, Dr. Z. J. Plashkes of Tel Aviv writes on the first native Palestinian physicians, describing how these pioneers laid the ground-work for the present medical progress in Israel.

For further information, communicate with The Hebrew Medical Journal, 983 Park Avenue, New York 28, N. Y.